

Foster Family Home - Corrective Action Report

Provider ID: 1-599582

Home Name: Sharon Gasmen, CNA

Review ID: 1-599582-7

94-986 Kualua Place

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 4/16/2020

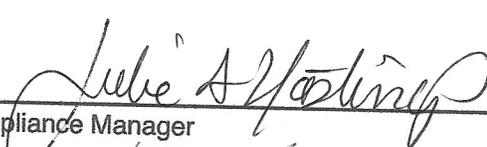
Foster Family Home Required Certificate

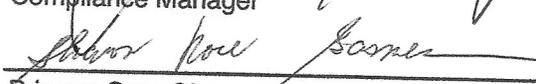
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.
-Home is in compliance with all requirements. Home will receive a 3 bed certification


Compliance Manager


Primary Care Giver

4/16/2020
Date

4/20/2020
Date